Y STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen Completely fill in one circle.

Print legible numbers and block letters, no script

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Second .			Street Street				

Year: 2013

Fill in circle if amendment 🛇

FOR OFFICE USE ONLY

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II Client Information

Name: TWC Administration LLC

Permanent Business Address: 20 Century Hill Drive

City: Latham

State: NY

ZIP code: 13202

Phone: 518-640-8569

III Business Relationship with an Entity

Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section Instructions:

and fill out Section IV.

Entity Name: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Building, Room 521

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-5841

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated):

\$255,000

.00

Expenses (Actual or Anticipated):

\$0

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 255,000

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

Continued on next page

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	IV Business Relationship with a State Instructions: Fill out this section only if the Relationshand fill out Section III.	Person hip is with o	ı State Person.	. If the R	elationshi	p is with an Entity	. skip this section
	State Person Last Name:		State Perso				7.
	Agency or Legislative Body of Employment:		21010 1 0130	211 11131	nume.		
	Public Office Address:						
	City:		Charles				
1	Phone:		State:			ZIP code:	
	Description of Business Relationship(s):						
	Compensation (Actual or Anticipated):	\$.00			
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(Check here if using addendum sheet for additional	l State Per	son(s):				
1	/ Declaration						
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1	declare under penalty of perjury that the orrect, and complete to the best of my kn						
N	SIGNATURE:			1141	14		Very and a second

FIRST Rory

O Designee(Attach Letter)

PRINT NAME: LAST Whalen
Mark One: SChi

⊗Chief Administrative Officer

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an E Instructions: Fill out this section only if the Relat and fill out Section IV. III(a) Fill out this section ONLY for addition	tionship is with an Entity. If	the Relationship	ols with a State Person, skip this section
Entity Name: Hiscock & Barclay LLP			Tillos.
Entity Address: 300 State Street			
City: Syracuse			
Phone: 315-425-2873	State:NY		ZIP code:13202
State Person with the Requisite Involvement in	the Entitu		
Last name: O'Mara			
State Person's Agency or Legislative Body of E	First name	: Thomas	
Public Office Address: Legislative Office Building,	Poom 912		
City: Albany			
Phone: 518-455-2091	State:NY		ZIP code:12245
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ \$.00	
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Beginning date of Business Relationship (Actual and date of Business Relationship (Actual or And III(b) Fill out this section ONLY for additional antity Name:	ticipated) if applicable:	Month: Month: uisite Involveme	Year: Year: ent in an Entity previously listed.
ntity Address: ity: none:	State:		ZIP code:
ate Person with the Requisite Involvement in th ist name: ate Person's Agency or Legislative Body of Emp ablic Office Address:	First name:		
one office Address.			

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an	Entity			
and fill out Section IV	ationship is with an Entity.	If the Relationship	is with a State Person, skip this s	anlin
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Entity Name: Hiscock & Barclay LLP		11 20 CONT. 12 OF 12 TO		
Entity Address: 300 State Street				
City: Syracuse				
Phone: 315-425-2873	State:N	Υ	ZIP code: 13202	
State Person with the Requisite Involvement	in the Entitu			
Last name: Breslin				
State Person's Agency or Legislative Body of	First nan	ne: Neil		
Public Office Address: NYS Capitol, Room 414	ciripioyment; NYS Senat	te		
City: Albany				
Phone: 518-455-2225	State:NY	′	ZIP code: 12245	
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